a valid OMB control number.

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

## **Attorney Docket Number ZG163US DECLARATION FOR UTILITY OR** Simon Robert Walmsley First Named Inventor **DESIGN COMPLETE IF KNOWN PATENT APPLICATION** (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration ☐ Declaration OR Submitted after Initial Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below flatfied filter	As a below named inventor, I hereby declare that:							
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PRINT ENGINE/CONTROLLER WITH PRINTHEAD INTERFACE								
the specification of which (Title of the Invention)  is attached hereto								
OR was filed on (MM/D	was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number	and wa	as amended on (MM/DD/Y)	m	(if applicable).				
I hereby state that I have re amended by any amendme	eviewed and understand the cent specifically referred to abo	contents of the above identitive.	ified specification	n, including the claims, as				
I acknowledge the duty to d	lisclose information which is r	material to patentability as	defined in 37 CF	R 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certifled Copy Attached? YES NO				
	ation numbers are listed on a							
	inder 35 U.S.C. 119(e) of any							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 🔫	+	
---	---	--

Additional inventors are being named on the

₹.

PTO/SB/01 (12-97) s sign (+) inside this box + Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Patent Number Parent Filing Date** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Customer Number Place Customer OR Registered practitioner(s) name/registration number listed below Number Bar Code I abel here Registration Registration Name Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: 🔯 **Customer Number** OR Correspondence address below 24011 or Bar Code Label Kia Silverbrook Name Silverbrook Research Pty Ltd Address 393 Darling Street **Address** 2041 Balmain NSW City State ZIP Telephone 61-2-9818-6633 Country Australia 61-2-9555-7762 Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle (if any)) Family Name or Surname SIMON ROBERT WALMSLEY inventor's October Walnut Signature Date 14, 2003 Balmain NSW Australia Australian Residence: City Country Citizenship 393 Darling Street Post Office Address **Post Office Address** Balmain NSW City 2041 Australia 7IP Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

**ZG163US** 

Please	type	a plus	sign	(+)	inside this	s box	$\longrightarrow$	+	l
--------	------	--------	------	-----	-------------	-------	-------------------	---	---

Pto/sb/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet
Page \_1 of \_\_1

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any	j)		Family N	lame or S	Surname		
PAUL			LAPS	TUN			
Inventor's Signature				October 14, Date 2003			
Residence: City Balmain	State NSV	v (	Country Australi	а	Citizenship Norwegian		
Mailing Address 393 Darling Street							
Mailing Address							
City Balmain	State NSW		ZIP 2041 Coun		try Australia		
Name of Additional Joint Inventor, if ar	ıy:		A petition has been fi	led for th	is unsigned inventor		
Given Name (first and middle [if any	)	Family Name or Surname					
Inventor' s Signature					Date		
Residence: City	State	Country Citizenship			Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Cor	into.		
Name of Additional Joint Inventor if any							
			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Family Name or Surname							
	_	<u> </u>					
Inventor' s Signature	·———				Date		
Residence: City State			Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	C	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.